

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047489

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 3016 Registrar's No. 491

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY <i>Cole</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Osage</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Jefferson City</i>		Length of stay in 1b <i>1 week</i>	c. CITY OR TOWN <i>Belle</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>no street address</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Florence</i> Middle <i>Gusta</i> Last <i>Swanson</i>		4. DATE OF DEATH Month <i>December</i> Day <i>21</i> Year <i>1963</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-22-1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (last birthday) <i>79</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) <i>Maries County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Isaac David Johnson</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Jane Mahan</i>	
14. NAME OF HUSBAND OR WIFE <i>Gustave Emil Swanson</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mr. Earl Swanson, Belle, Missouri</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia, bilateral & upper</i> DUE TO (b) <i>due to exhaustion & dehydration</i> DUE TO (c) <i>Hypertensive arterial disease 2 mo</i> <i>Arteriosclerosis, generalized, severe</i> PART II. OTHER SIGNIFICANT DISEASE CONDITION CONTRIBUTING TO DEATH (If none, state "None") <i>Arteriosclerosis, generalized, severe</i> PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>12-22-1960</i> to <i>12-21-63</i> and last saw her alive on <i>12-21-63</i> Death occurred at <i>9:55 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Occupation or title) <i>Theresa A. Dark, M.D.</i>		22b. ADDRESS <i>Jefferson City, Mo.</i>	
22c. DATE SIGNED <i>12-23-63</i>		22d. LOCATION (City, town, or county) (State) <i>Belle Missouri</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12-23-1963</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Liberty Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Belle Missouri</i>	
24. FUNERAL DIRECTOR <i>Jones Funeral Service, Belle, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>24 December 1963</i>	
26. REGISTRAR'S SIGNATURE <i>Theresa E. Richter</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 13 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4411

P. O. Address Belle me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.